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ANNUAL REPORT

For the
YEAR 1925

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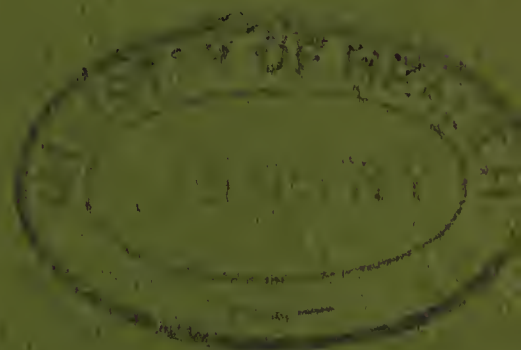
HEALTH OF TORPOINT.

BY

F. G. BUSHNELL,

B.S. and M.D. Lond., M.R.C.S. Eng.,

L.R.C.P. Lond., D.P.H. Camb.



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COUNCIL OFFICES,
TORPOINT,
CORNWALL,
January 4th, 1926.

TO THE CHAIRMAN AND MEMBERS
OF THE
URBAN DISTRICT COUNCIL OF TORPOINT.

Gentlemen,

I have the honour to present to you the Annual Report of the health of Torpoint.

It is for 1925, and is a "Survey Year," and the Ministry of Health requires it to be a specially detailed one.

Further, it is my first report since the commencement of my duties in August, 1925, and there are always difficulties to be met in taking up a new appointment.

I am hopeful that these will be overcome by the combined endeavours of the Council and the sustained assistance of its officers.

I trust this Report may be an inducement to regard the Public Health Department, the Committee and Council, as the lifeboat and crew of the State, with a national mission to save life and relieve suffering, and ready to launch their boat whenever signals of distress are sighted.

Yours faithfully,

F. G. BUSHNELL,

Medical Officer of Health.

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ANNUAL REPORT.

I.—VITAL STATISTICS.

(See Tables I., II., III., IV.).

Vital Statistics enable us to compare the health of the public from year to year.

There were 38 deaths during the year in Torpoint, which give a very low death rate of 8.57 per 1,000 population, in 1925 ; there were 64 births, which corresponds with the low birth rate of 14.44 per 1,000 population, and a very low mortality rate of infants under one year of age—31.25 per 1,000 births, which is an index of the successful efforts of preventive medicine. It must be remembered, however, that a low death rate does not necessarily mean a healthy population, for the death rate depends largely on the age constitution of the population, and, further, for a comparatively small population, as Torpoint, the death rate is not “standardised” by the Registrar-General, and is dependent on insufficient data for comparative purposes.

The birth rate is similarly incomparable on account of the small data on which it is based, but it is far below the average. Apart from the subject of Birth Control, which is an unsettled problem, it is satisfactory to find that the Infant Mortality Rate is remarkably low, though again on small data. There were two deaths recorded, one (13 months) from congenital disease of heart, and one (2 hours) from premature birth. In comparison with this in 1919 there were 11 deaths in infants of one year and under out of 102 births, or 176 per 1,000. In 1919 there were 11 illegitimate children born, of which 7 died, but 5 were multiple births. In 1925 there were no illegitimate births.

II.—NATURAL AND SOCIAL CONDITIONS OF TORPOINT DISTRICT.

Torpoint is a residential area, and its inhabitants are chiefly employed in H.M. Dockyard, Devonport, or are Naval, and there are small agricultural interests. It is situated in S.E. Cornwall, on the West bank of the Hamoaze, a continuation of the River Tamar, which separates it from the County Borough and Port of Plymouth, Devon.

Its communications with Devonport are by means of a floating bridge and ferry service maintained by the Cornwall County Council.

Its natural growth and that of the adjacent regions of S.E. Cornwall is dependent very largely on the future development of communication and transport with Plymouth and S.W. Devon.

The whole area of 1,324 acres has a general slope towards the South from an altitude of 200 feet to sea level, and about 175 acres are built upon, and the remainder is agricultural.

In 1919, 46 acres were built upon, and 143 $\frac{1}{4}$ acres was Admiralty land.

About 60 per cent. of the dwelling houses are of modern construction, and most of these have been built since the Urban area was formed in 1904. There were 821 inhabited houses in 1921, occupied by 1,074 families or separate occupiers.

Its rateable value is £13,780, and a penny rate brings in £58.

The population is 4,432, and is mainly a floating one.

The occupations noted especially in the census of 1921, are as follows :—

Males—Agricultural Workers	...	23	per 1,000.
Metal Workers	... ..	204	„
Builders of Ships & Boats		30	„
Water Transport Workers		20	„
Those employed in Defence		97	„

Females—Textile Goods and Articles			
of Dress	... ..	131	„
Commerce and Finance	...	246	„
Indoor Domestic Service	...	14	„

(See also *Table XVIII.*)

CAUSES OF DEATH.

(See *Tables III., IV., V. & XVII.*)

Infectious Diseases.

There were no deaths notified from enteric fever (typhoid), small pox, cholera, cerebro spinal meningitis, gonorrhoeal ophthalmia, poliomyelitis, encephalitis lethargica, puerperal fever, plague, malaria, dysentery, yellow fever, typhus, etc. There was one death notified from diphtheria, one from influenza, four from pneumonia, and one from pulmonary tuberculosis, also one from rheumatic fever.

Cancer or Malignant Disease.

Eight deaths were attributed to cancer, the exact causation of which is yet unknown. There is sufficient evidence however for it to be made public knowledge that diagnosis and treatment of the disease should be afforded at the earliest stage, and that a free anti-cancer clinic should be accessible to residents in East Cornwall. Such a clinic should be a centre for work in close association with all institutions which afford the latest pathological, radiological, operative and palliative measures, including radium appliances.

Heart Disease.

Six deaths were caused by heart disease. It would be well if the public continued to receive periodical medical examinations *after* school age, so that disease of the heart and other organs and systems could be detected in the early stages, if they arose. This systematic "overhaul" is considered a business proposition in the United States of America.

Bronchitis and Pneumonia. (*Table V.*)

These diseases caused together seven deaths, and there were 20 cases notified, of which 50 per cent. occurred during age period 1—10, and 30 per cent. during age period 5—10. They are inevitable to some extent with old people in winter time, but there is too high an incidence in children. Much could be done, however, to prevent this by maintaining throughout all the district a high standard of housing, especially guarding against dampness of site or house, lack of ventilation and lack of sunshine (i.e., aspect, etc.), by obtaining a good area of floor space per person, and maintaining a low density of population per acre and per house.

POOR LAW RELIEF.

I am indebted to the Clerk of the St. Germans' Union for the amount of Poor Law Relief afforded. There were 7 persons who were receiving Indoor Relief, and 41 (28 cases) who were receiving Out-Door Relief from the Guardians on 31st March, 1926.

The amount distributed in relief, 31st March, 1925, to 31st March, 1926, was £931 11s. 7d. 18 persons were relieved in the House at an estimated cost of £200.

HEALTH SERVICES OF THE AREA.

(*See Table VI.*)

Practical experience shows that Plymouth is the true medical centre for South Devon and East Cornwall, and not the ancient and honourable, but obsolete, local administrative boundaries.

Torpoint patients should not be made to travel long distances to obtain special medical relief, and this anomaly will disappear with the evolution of our public services.

As Plymouth is also the natural hospital centre for East Cornwall, Torpoint patients are served by the two general hospitals, namely, the Royal Albert and the South Devon and East Cornwall Hospitals, in addition by the Royal Eye Infirmary, the Ear and Throat Hospital, the Homoeopathic Hospital and the Plymouth Public Dispensary.

Other Institutions are, The United Services' Orphanage (girls), the Dockyard Orphanage (girls), St. Teresa's Home, St. Ursula's Home (unmarried mothers for confinement), St. Gregory's Home (illegitimate infants and homeless children).

Torpoint has the Infirmary of the St. Germans' Union in its area, but it has no general, special or fever hospital.

Tuberculosis.

Patients, including pulmonary and non-pulmonary, are admitted to the Tehidy Sanatorium under the Cornwall County Council Tuberculosis Scheme, and the Didworthy Sanatorium of the Plymouth Borough Council, which has a few beds for patients from Cornwall. It may be said here that 90 per cent. of tuberculosis patients in Denmark are stated to pay nothing for Sanatorium treatment, which is free, and State supported. (*Table V.II.*)

Rickets.

Rickets which is due to (1) incorrect feeding with a diet in which the fat soluble Vitamins A is deficient or to an excess of starchy food, and (2) to lack of sunlight, is referred to under Day Nurseries.

Maternity and Child Welfare.

The future of the country depends on the health of: the succeeding generation, and it is impossible to over-estimate the importance of ante-natal, natal and post-natal work. Cripples, blind, deaf and diseased children are among the tragedies of civilisation, and need never arise, in most cases, if child welfare work is encouraged and developed. In this respect a **Day Nursery** is most valuable, as it relieves mothers who are working during the day of anxiety, and enables children under school age to be cared for, washed, dressed, fed on balanced diet, and exposed to sunshine; which contains nature's health giving ultra violet rays. Infant's diseases are largely prevented thereby.

Patients can be admitted, under the Cornwall County Council's Maternity and Child Welfare Scheme, to the West Cornwall Miners' and Women's Hospital, Redruth.

The Alexandra Nursing Home, the Three Towns' Nursing Association Maternity Home, and Greenbank Nursing Home, admit cases which cannot be confined safely at home, and the Cornwall County or Torpoint Council might well afford facilities in this respect.

There is a voluntary association for maternity cases in unmarried mothers which supports the Rosemundy Home, St. Agnes.

There are no hospitals for *children* in East Cornwall.

There are no hospitals for *children, women's diseases, fever or small-pox* in Torpoint.

Infectious Fevers. (*Table IV.*)

Arrangements are being made by the Torpoint Council to treat cases of acute infectious fevers in the Plymouth Borough Hospitals, and negotiations for the treatment of small-pox will be entered into either with Plymouth, which is at present without a small-pox hospital, or with the Plympton Rural District Council, which possesses one at Sparkwell, or elsewhere. Emergency measures would be arranged if the necessity arose.

The *general and special hospitals* available for the District are those of Plymouth and Devonport and East Cornwall.

There is a public mortuary in Torpoint.

Ambulance Facilities.

Arrangements are being made for the transport of acute Infectious Fever cases to the Plymouth Borough Hospital for treatment.

The ambulance arrangements for non-infectious and accident cases are made by the St. John's Ambulance Association, for which the Torpoint Council has erected a garage and store for their motor ambulance, and has granted the use of land on which is also a drill and lecture room. There were 84 removals, 46 first-aid cases, two street accidents call and one fire alarm in 1925, which indicate the real necessity of a permanent ambulance service for the District.

Public Health Staff.

The Medical Officer of Health is a part time officer. He attends weekly at his office in the Council House at Torpoint for interviews, at a fixed hour, and when emergency, etc., requires.

The Sanitary Inspector (Mr. F. Johns) holds the certificate of the Royal Sanitary Institute, is a part time officer, as he combines these duties with those of Surveyor and Housing Inspector.

(*Tables X. & XII.*)

Health Visitors.

Nurse E. M. Treverton and Nurse E. Walters work under the authority of the Torpoint and District Nursing Association

and the Cornwall County Nursing Association. They act as Health Visitors for the District and meet the Medical Officer of Health constantly and co-operate closely with him. (*See Tables VI., VII.*)

General Home Nursing.

Nurse E. M. Treverton undertakes the duties of general district nursing and those mentioned previously. (*See Table VI., VII.*)

Infectious Diseases—Nursing of.

There are no arrangements at present for nursing under the Local Authority. The Cornwall County Council can sometimes supply a special nurse for ophthalmia neonatorum, puerperal fever, measles, etc.

Midwifery and Maternity Work.

Nurse E. Walters undertakes midwifery (*See Tables VI., VII.*) under the Cornwall County Maternity and Child Welfare Scheme.

Child Welfare Work.

Both nurses carry out child welfare work. There are said to be four emergency nurses in connection also with above scheme, whose services may be available.

The care of blind, deaf, defective, epileptic children is undertaken by the County Council, but I know of *no arrangements for children below or adults over school age with these defects.*

School Children and Nurses.

Nurse Treverton examines School Children in conjunction with the School Medical Officer, at and after the school inspections every six months.

Tuberculosis.

Miss J. C. Henderson, of the Cornwall County Staff, is a whole time Tuberculosis Health Visitor, and resides at Liskeard, and visits cases of Tuberculosis in Torpoint from time to time (*See Tables VI., VII.*) The District Nurses also visit and nurse our cases.

Propaganda and Education in Health.

It was found that out of every nine men of military age during the Great War, on the average, three were fit, two were on an infirm plane of health, three were physical wrecks, and one a chronic invalid. If you look at the workers you see the nation is C3 to a large extent now. We must obtain an A1 population. How? By education and child welfare and health services as a whole.

Public Health has reached a stage when the willing co-operation of an educated population with the Health Department is demanded, if only for the reason that they may know and receive the full advantages of the national health services. There is a

world-wide movement to educate children systematically by lecture film and practical demonstration, and adults by the teaching of social science, by lectures, by leaflets, by films, and by all forms of publicity of hygiene and medical sociology.

Doctors can lend powerful aid by themselves practising not only as clinical, but as preventive bed-side practitioners.

In the United States of America the great Insurance Companies regard such education as a business proposition, tending to their own profit, and recently a large Birmingham Assurance Society has supplied Torpoint Council with suitable leaflets on preventible diseases and cancer, free of charge, and in bulk.

The Dental Society supplies leaflets on the *Care of the Teeth*, free of charge, and this is the place to state that it is widely agreed that gastric catarrh, anaemia, under nourishment, rheumatism, throat affections and septic poisoning would be markedly eliminated if serious attention were universally paid from infancy to old age by means of the daily use of the tooth-brush and by the early remedy of dental defects.

Speaking generally we are much behind-hand in the care of our teeth, and we do not insist on a "clean mouth," and accordingly we pay the penalty.

Thus in rheumatism, erysipelas, and scarlet fever, bacteria in the form of chains (*Streptococci*), are recognised as casual organisms, and these are found in dirty mouths. Similarly diphtheria bacilli may be found in children's mouths who are not suffering from the disease. Hence children must be taught that a dirty mouth is worse than a dirty neck. Tooth brush drill, nose blowing and breathing exercises should be practised daily, and dental diseases treated from infancy to old age, and the nose, mouth and throat kept clean from the cradle to the grave.

Similarly the Milk Publicity Council supplies us with leaflets on clean milk and its production, and others on general sanitation are distributed gratis from the Health Office.

Health films dealing with Papworth Tuberculosis Colony, the Treloar Crippled Children's Home at Alton, and other subjects have been exhibited by the courtesy of the managers at the Torpoint Cinema.

State Medical Services and Administration of the Future.

The Royal Commission on National Health Insurance has issued its majority and minority reports as to the constitution of the authority or combination and co-ordination of authorities who will administer the complete medical services of the future. This may include the present Poor Law Hospitals and General Hospital

and Nursing services, including medical, surgical, gynaecological, maternity, dental, pathological, bacteriological, radiological (X-ray) and other specialised ones.

At present National Health Insurance Committees are limited in their scope of duties and powers. It is similarly proposed that Relief from all sources is to be unified and co-ordinated with the medical services.

The Royal Commission on Local Government is considering re-distribution and re-organisation of administrative areas. If this divides such areas scientifically on the basis of the requirements of the services administered, Torpoint and other settlements bordering on Plymouth would benefit greatly in efficiency. Sick persons dwelling in the urban and rural districts just outside the Plymouth Borough area have to travel 30 to 40 miles to distant County medical centres, or again, have to be visited by distant County Medical Officers in order to obtain certain forms of specialised treatment. The British Medical Association and the Association of Municipal Corporations consider that it leads to confusion, overlapping and disagreements to have a superior and a minor health authority dealing with health problems within the same area. This is undoubtedly the case in South Devon and East Cornwall and emphasises the need for reform.

IV.—SANITARY CIRCUMSTANCES OF THE AREA.

The Water Supply is mainly obtained from gathering grounds at Eglaroose, seven miles west of Torpoint. (*See Tables XIII., XIV., XV.*) The Surveyor informs me that the Council purchased about 13 acres of land and the water rights on the St. Germans' Estate, and constructed an impounding reservoir on what was formerly a natural basin known as "The Lake." This, together with a bye-pass and settling tanks, was completed in May, 1925. The reservoir has a capacity of five million gallons, the depth varying from 14 feet at the eastern end to 9 feet at the western.

At Borough, about one mile from Torpoint, filter beds and service for supplying the town have been constructed. The filter beds are of sand and graded shingle on Stiffs patent aerated tiles, and have a filtering area of 240 yards superficies. The services reservoir has a capacity of 250,000 gallons, equivalent to a $2\frac{1}{2}$ days supply, and the Surveyor estimates the supply at an average of 17 gallons per head of population daily, and a constant one. In conjunction with the former supply, the impounded waters should afford the total daily requirements of the population, during even dry seasons. Measurements of the actual supply of water are being taken, I am informed.

The old water supply is derived from a catchment area fed by superficial springs and situated six miles from Torpoint, at

Crafthole. The supply was inaugurated in 1886, and the analysis after filtration is satisfactory. (*See Table XVI.*). The daily average supply per head was 10.3 gallons (1920).

Rivers and Streams.

The Hamoaze and Tamar on the East side of the District are tidal rivers, and are liable to pollution from sewerage outfalls, surface water and shipping in the Port. In the event of open-air swimming or bathing pools being made, as may be advisable, bacteriological examination of any tidal waters supplying them should be made previously, for evidence of sewage contamination.

Drainage, Sewerage and Closet Accommodation.

There is a Water System throughout that part of district, which is of urban character, with the exception of about six bungalows, where earth closets of an approved pattern are in use, and all other premises have water closets of approved types. These are connected with the district sewers, which empty by four outfalls into the Hamoaze, below low water level, with the exception of 47 houses in the upper part of the town which are drained into a septic tank discharging into a part of the beach which is covered at each tide. There are no privies or conservancy systems in the district, I am informed.

Scavenging.

Scavenging is carried out by the Council, and is collected twice weekly. The refuse is in part burnt, and in part tipped on dumps. There are no ashpits. Supervision of the receptacles provided for refuse is maintained to see that they are kept sanitary and covered. Refuse tips harbour rats and breed flies, which are carriers of disease, and should be done away with. It would be to the advantage of the district to establish a modern system of refuse disposal. The Ministry of Health is said to have statistics as to the saving that can be afforded by salvage, and can advise as to the scheme best adapted to the locality, according to its daily average collection, proximity to markets, and industrial activities. Salvage and bye-products plants may make the difference between profit and loss of a destructor plant, power being obtained from heat of destructor, clinker for asphaltic road carpets, fertilising manures, scrap-iron, etc.

Sanitary Inspection of the Area.

Particulars of the work of the Sanitary Inspector are given in *Table X*.

The Sanitary Inspector's duties are combined with those of Surveyor, and it would probably be held that the allocation of the working hours of an officer who holds these joint offices should

correspond in proportion to the allocation of his salary. The routine duties are onerous and continuous, including visits and reports on all notified cases of infectious disease, on nuisances, insanitary and housing defects, food and water supplies, drainage and sewerage and refuse disposal, etc., and it is a standing order of the Ministry of Health that these be entered in the official diary of the inspector, daily.

Other Sanitary Conditions.

(1). There are two (men) and one (women) public conveniences. There are no public baths or wash-houses, or offensive trades in the district.

(2). *Vermin Repression.* Houses found to be verminous are disinfected, when discovered. Rats and mice are dealt with by the Sanitary Inspector. These will diminish with the abolition of refuse tips and with an energetic rat campaign. There is no disinfestation or disinfection station in the district.

(3). *Dwellers in Tents and Vans.* These are controlled when they visit the district.

(4). *Bakehouses.* There are two bakehouses which are inspected regularly and which conform to sanitary regulations. (*Table XVIII.*)

(5). *Factories and Workshops.* There are 11 factories and 6 workshops, including three carpenters and three boot repairing shops, etc., which are inspected regularly and conform to sanitary regulations. (*See Table XVIII.*)

(6). *Slaughter Houses, Butchers' Shops.* (*See Table IX.*) There are five slaughter houses in the district. Those in use prior to 1875 must be registered, and those not in use prior to 1875 must be licensed, and this license can be granted annually. All slaughter houses must exhibit a notice on the premises that they are registered or licensed.

(7). *Common Lodging Houses.* There are none in the district.

(8). *Bakehouses and other Food Shops.* There are two bakehouses, three cooked meat, one fish and fried fish shop in the district, which conform to sanitary regulations.

(9). *Hairdressers' Shops.* There are three of these which conform to regulations.

(10). *Disinfectants.* These are supplied from the Council Offices and issued in poison bottled by the Sanitary Inspector as required.

(11). *Anti-toxic Sera.* Sera for use in diphtheria, tetanus and streptococcal infections are issued gratis to medical practitioner for cases in the district, from the Council Offices, Police Station,

local chemists' shops, and the Sanitary Inspector's private house, so that they are available at any hour of the day or night.

During the year 28 doses of diphtheria anti-toxin were supplied (21 of 8000, and 7 of 4000 units), and 2 of anti-tetanus serum.

Small-Pox Vaccine.

The Medical Officer of Health is prepared to vaccinate against small-pox in times of emergency, and calf lymph can be obtained at his office. No primary vaccinations or re-vaccinations were made by the Medical Officer of Health under the Public Health (Small-Pox) regulations, 1917, during 1925.

(12). There are no public baths on the foreshore, which is fortunate as the Hamoaze is sewage polluted, but fresh water public baths would supply a want.

V.—INSPECTION AND SUPERVISION OF FOOD SUPPLIES.

Food may become polluted, poisoned or adulterated at any stage from producer to consumer.

Milk is one of the best and cheapest of foods, but the national consumption of milk compares, per head, unfavourably with many other countries. The slogan "Drink more milk" is a good one, especially for children, and is only equalled by another, "Drink clean milk."

Milk can be fouled by the cow, especially tuberculosis ones, or with inflamed udders, by the milkman, by pails and churns, by handling during transport, by storage in milkshops and in the home.

Tuberculosis of the bones, joints, glands, brain and bowel, especially in children, is caused by the cow, and recent statistics from New York City, since it obtained a clean milk supply, free from tubercle, states that it has halved the deaths from these forms of tuberculosis in children. Denmark claims to have one of the lowest death rates of any country in Europe (23 per 10,000 in 1901, 9 per 10,000 in 1925) by control of the milk supply and strict examination of cows.

Clean milk can be obtained in Torpoint, and again it is certain that it *may* be more like sewage. Milk up to Grade A. standard of 200,000 germs per cubic centimetre, and containing only 45,000 and 60,000 germs per cubic centimetre is supplied. (Two samples examined in February, 1926, were also tubercle free). The demand for Grade A. milk will increase, and is to be encouraged, and the small increase of cost is well worth the elimination of grave diseases. It is to be hoped that certified and tuberculin tested milk will also be on sale in Torpoint. It is now possible to insist by law on milk being sold by responsible persons who know the danger of dirty milk, and the selling of milk in general stores will in time be dis-

continued, as it freely absorbs taints and dust therein from the air.

No licences for graded milk were granted, and no action taken as to tuberculous milk or cattle, in 1925.

Meat. There are five private slaughter houses in Torpoint, but no public abattoir. This is desirable, at which slaughtering would be carried out under modern standards and at regular days and times. This would facilitate the work of the meat inspection by the Sanitary Inspector at the time of slaughter. There are no marking arrangements. All diseased and condemned meat is seized and burnt. (*See Table IX.*)

There are no stalls or stores in the district.

Other Foods. The Sanitary Inspector carries out inspection of food. No case of food poisoning was discovered. The Police carry out the Sale of Food and Drugs Acts, but no samples were taken in Torpoint during 1925 for examination. There are no milk and cream regulations or licences granted for the sale of milk under special designations or for pasteurisation of milk.

The Inspector reports that no shell fish are collected for human consumption in St. John's Lake or foreshore, which is sewage polluted.

VI.—HOUSING OF THE WORKING CLASSES.

(*See Tables XI. & XII.*)

This is an important duty of officers of the Council. Mr. F. Johns acts as Housing Inspector and carries out routine housing inspection which is always proceeding.

It is only in a general sense that the housing conditions can be said to be satisfactory, as about 60 per cent. of the houses are of modern construction and comply with Council Bye-Laws, and 50 per cent. are owner occupied. There remains, however, the residuum of old property, some crowded together, others without adequate courtyards, or damp proof courses, or proper ventilation, or means of keeping them clean. Ferry Street and Macey Street contain many such houses and call for schemes of reconstruction.

The Census of 1921 says that "measured in terms of families per dwelling house, pressure would appear to be greater in Torpoint U. D. where there are on the average 1.43 families to each dwelling and where only 45.3 per cent. of the families are in undivided occupation of separate dwellings."

In 1926 there is a national housing crisis which involves domestic tragedies as momentous as those of the Great Wars.

Apart from these there are houses in which repairs of sanitary defects are remedied by the action of the Sanitary Inspector. If much is required to be done the Medical Officer of Health asks the Council to serve a Notice under Section 3 of the Housing Act, 1925, upon the owners. This notice requires the owner to put his house in order within a certain time, and if he fails to do it the Council can undertake the work and recover the cost from the owner.

There are a certain number of persons who do not take sufficient care of the houses in which they live, and improved social conditions and education alone can improve them.

Where a house is too bad to be repaired a Closing Order, and finally a Demolition Order, is made upon it. Legally the houses should be emptied and demolished, for the Rent Restriction Acts do not apply to them. In most districts Courts of Law would not eject tenants of houses unless some alternative accommodation was forthcoming, and for the simple reason that people must live somewhere, and house accommodation cannot be obtained.

There is a shortage of houses throughout England, and this leads to overcrowding. By this is meant that houses built to house one family may have to house two or more. Such houses are not provided with separate kitchen ranges, water closets, sinks and staircases for each family. In some instances the excess of families in one house is economic in origin, for they can only pay rent of one or two rooms.

Council Houses. (*See Tables XI., XII.*).

It is impossible to separate the local need for building of houses from the national shortage. They are interdependent, for Torpoint population is more or less a floating one, and the Surveyor states that additional houses recently erected or re-let are occupied in the majority of cases by persons from other districts. I am informed that during 1925 the Council has granted subsidies of £75 to persons building 18 houses under the conditions approved by the Ministry of Health.

It is to be hoped that this progressive policy and programme will be largely extended up to the date fixed for the cessation of the subsidy, so that the necessities of the community can be met as a whole. The importance of each Local Authority assisting to the full in solving the national problem and crisis can be realised if we recall the aggregate number of houses contemplated or under weigh by such action in Devon and Cornwall. A start should be made at once to remedy the housing evil which increases sickness (e.g., 20 cases of pneumonia in 1925) and mortality (pneumonia—7 deaths in 1925), and gravely injures health and morality, and lowers the physique of the children to a C3 standard.

A reasonable housing scheme under the 1924 Housing Act before, or a public utility housing scheme after the date on which the subsidy ceases is most desirable, and would be one of the finest activities, full of promise of a healthier and happier life to many less fortunate townsfolk, that should engage the attention of the Council.

VII.—BACTERIOLOGICAL EXAMINATIONS.

These are carried out by the Chemical Research Association, and Dr. E. A. Wordley, part time Pathologist of the Plymouth Corporation at the Laboratory, South Devon and East Cornwall Hospital, Plymouth. Medical practitioners sent 28 sputa, 106 swabs from suspicious throats, 1 blood for enteric fever, and one urine ; 136 in all.

In future quantitative and qualitative bacteriological or chemical examinations of water, milk, meat, shell fish, or other food supplies should be made from time to time (milk examinations commenced in 1926).

Copies of all bacteriological examinations made for practitioners are forwarded to the Medical Officer of Health. Specimens for doubtful cases of venereal disease are examined under the Cornwall County Council Scheme at the South Devon and East Cornwall Hospital, by Dr. E. A. Wordley. The County records do not shew the number of specimens sent from the Torpoint district.

Hairs from children suspected of ringworm are examined by the School Medical Officer.

Outfits for the examination of sputum, blood, suspicious throats, milk, water, etc., are issued from the Council Offices free of charge. Sputum flasks and paper handkerchiefs and disinfectants are supplied to consumptives.

The County Council of Cornwall does not provide any facilities for chemical work. The Police take samples under the Sale of Food and Drugs Acts, Milk and Cream Regulations, and report to the County Council. No samples of milk or articles of food were taken by them for examination in the Torpoint Urban District Council in 1925.

A chemical analysis of Torpoint water supply (new) by the Professor of Hygiene at the Royal Naval College, Greenwich, is appended. Before passing the filter beds it indicated a water contaminated with animal matter of excretal origin and requiring treatment to render it safe for drinking. After passing the filter beds the chemical analysis showed it to be a water of good quality for potable purposes. (*See Tables XIII., XIV. & XVI.*).

Smoke Abatement.

There is nothing noteworthy in the pollution of the atmosphere by smoke or other impurities, either domestic or shipping. No smoke records are kept.

Schools.

The following schools are classed as to their sanitary condition :—Church House School (girls), Waterloo Street, is old, dilapidated, dirty, and should be closed, if not put in order ; Macey Street Wesleyan (girls) falls below modern standards, and the new schools for girls are urgently required, and their completion should be expedited by the Council.

The provision of sand baths and playing fields is backed by the Cornwall County Playing Fields Association, and one school in Torpoint has an excellent sand bath.

VIII.—INFECTIOUS DISEASES.

(See Tables III. and IV.).

As already stated there are ~~ample~~ facilities for the prompt use of diphtheria, tetanus and streptococcal anti-toxin by medical practitioners.

Cleansing and Disinfection Station.

There are no arrangements for the cleansing and disinfection of verminous persons and their belongings. Doubtless it may be possible to make provision when Plymouth has such a station, and such cases as are sent to Plymouth Fever Hospital from Torpoint will be disinfected in person and belongings previous to return. Any premises exposed to infection are fumigated, but bedding, etc., in the premises cannot at present be dealt with. It is hoped, however, that this difficulty will be got over by the purchase of a disinfector, which is inexpensive and easily worked.

Measles.

Though non-notifiable is one of the worst diseases that can attack a child, for apart from deaths it affects the lungs, ears and eyes.

Chicken Pox.

Though not a dangerous disease should be made notifiable as it may be confused with mild forms of small pox (alastrim).

There were nine cases of scarlet fever, ten of diphtheria, and seven of erysipelas, notified in 1925.

The Shick test (diphtheria toxin) for immunity against diphtheria, and the Dick test (scarlet fever streptococcus toxin) for susceptibility to scarlet fever, are not carried out by the Cornwall

County Council in Torpoint. Scarlet fever streptococcus anti-toxin (Dick Dochez) has been utilised at Plymouth Borough Hospital, with successful results in treatment, and immunisation against diphtheria in children with positive Shick test by toxin anti-toxin was practised.

“Contacts” are searched for by the Sanitary Inspector, District Health Visitors and County (Tuberculosis) Health Visitors.

Isolation and Disinfection.

As stated, an agreement is being entered into with the Plymouth Borough Fever Hospital for the transport and treatment and disinfection of Torpoint infectious fever patients.

Tuberculosis. (*See Table XVII.*)

The disease is infectious and spreads from person to person by spitting and coughing, or by drinking of tuberculous milk or eating tuberculous meat. Thus it passes from member to member of a family and kills them off; especially do the chronic and advanced forms of pulmonary tuberculosis infect others, but there is no proof that it is an hereditary disease.

It is preventible in two ways; indirectly by employment, good wages, food and housing, by which the body is strengthened to withstand infection, and directly it should be attacked by surrounding the diseased persons with a ring of defensive anti-tuberculosis measures. Thus the Tuberculous Dispensary is the central station from which patients can be sent to Sanatoria, Hospitals, Colonies, Ante-natal Clinics, Lying-in Homes, Post-natal and Child Welfare Clinics. In this way the patient is educated and the infection controlled always under medical supervision as long as he or she has active disease. This system, especially the provision of “colonies” where patients can be treated, trained, employed and make their homes, and of homes and boarding-out systems for children (“contacts”) whose parents or relatives have active (open) tuberculosis, is adopted on the Continent and in this country in Plymouth, and the results are most encouraging already.

Cornwall is a large and scattered area and it is difficult to co-ordinate and supervise prevention, diagnosis, treatment and examination of contacts and “following-up” of patients and contacts. There is no institutional accommodation available for intermediate or advanced cases, voluntary or compulsory. There is no “after care” Colony, no modern surgical, open-air hospital or preventorium for “contacts.” It is to be hoped that the County will provide these necessary defensive measures, or that it will be possible to utilise Plymouth Sanatoria and Hospitals for Torpoint patients.

At the root of the evil is bad housing and ignorance, which are dealt with on pages 16 and 17.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action was taken relating to tuberculosis employees in the milk trade or under these Regulations in the district.

Public Health Act, 1925, Section 62.

No action was taken as regards compulsory removal of patients to hospital.

Goitre.

Ordinary and ex-opthalmic goitre are common diseases among children and adults, and result from disease of the thyroid gland of the neck. Recent researches have shown that this gland requires iodine to function normally and that its secretions contain iodine, and sufficiency of iodine in food is requisite for the health of the gland and the body. Its deficiency on the other hand causes disease and this can be prevented at a trivial cost by restoring iodine to our diet in small but adequate quantities. Valuable results are published as a result of its administration in the school clinics of Cumberland.

CONCLUSION.

This Report will have served its purpose if it arouses practical interest in the health services of Torpoint and their dependence on and inter-relationship with the Plymouth and East Cornwall administrative Health Authorities. The Chief Medical Officer of the Ministry of Health says, in his last Annual Report, "The Public Health is the primary asset of the nation's welfare, whether measured by capacity, employability and production, or by length of days, or by personal well-being." And again, "It is this wider view of their responsibilities that I commend to the Local Authorities charged with the duty of the sound administration and practice of Preventive Medicine." Efficiency can only be obtained if the Public Health Services of Torpoint are co-ordinated and combined with those of its neighbours in East Cornwall, and co-operate harmoniously with those of Plymouth.

APPENDIX.

TABLE I.

TORPOINT.

GENERAL VITAL STATISTICS.

				Total.	Males.	Females.
Population	1921	...	...	4441	2127	2314
„	1925	...	...	4432	—	—
Area in acres	...	...	...	1324		

	1925	1925	1925	1914
	Torpoint.	Plymouth.	United Kingdom.	Torpoint.
Death rate, 1925 ...	8.57 per 1000 pop.	12.2	12.2	10.24
Birth rate, 1925 ...	14.44 „ „	18.1	18.3	22.66
Infant mortality rate under one year 1925 ...	31.25 per 1000 births	63.0	75.0	47.80

1925.

Deaths.	Male.	Female.
38	24	14

1925.

Deaths of Children under 1 year of age.	Male.		Female.	
	Leg.	Illeg.	Leg.	Illeg.
2				
Births. 64	32	—	31	1

TABLE II.

ENGLAND AND WALES.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1925.

(Provisional figures. The rate for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the group of towns).

	Birth-rate per 1,000 Total Popu- lation.	Annual Death-rate per 1,000 population.										Rate per 1,000 Births		Percentage of Total Deaths.		
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria	Influenza.	Violence.	Diarrhoea & Enteritis (under 2 yrs.)	Total Deaths under 1 yr.	Causes of Death certified by Med Practicr.	Inquest cases.	Uncerti- fied Causes of Death.	
England and Wales ...	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0	
105 County Boroughs and Great Towns in- cluding London ...	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6	
157 Smaller Towns ... (1921 adjusted popu- lations 20,000-50,000)	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1	
London ...	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0	

TABLE III.

TORPOINT.

CAUSES OF DEATH (Civilians only).

CAUSES OF DEATH.							Male.	Female.
All Causes.							24	14
1.	Enteric Fever	...	...	...	...	...	—	—
2.	Small-pox	...	...	...	...	...	—	—
3.	Measles	...	...	...	...	...	—	—
4.	Scarlet Fever	...	...	...	...	...	—	—
5.	Whooping Cough	...	...	...	...	...	—	—
6.	Diphtheria	...	...	...	...	...	—	1
7.	Influenza	...	...	...	...	...	—	1
8.	Encephalitis Lethargica	...	...	...	...	...	—	—
9.	Meningococcal Meningitis	...	...	...	...	...	—	—
10.	Tuberculosis of Respiratory System	...	...	...	...	...	1	—
11.	Other Tuberculous Diseases	...	...	...	...	...	—	—
12.	Cancer, Malignant Disease	...	...	...	...	...	6	2
13.	Rheumatic Fever	...	...	...	...	...	1	—
14.	Diabetes	...	...	...	...	...	—	—
15.	Cerebral Haemorrhage	...	...	...	...	...	2	—
16.	Heart Disease	...	...	...	...	...	2	4
17.	Arterio-sclerosis	...	...	...	...	...	—	—
18.	Bronchitis	...	...	...	...	...	1	2
19.	Pneumonia (all forms)	...	...	...	...	...	3	1
20.	Other Respiratory Diseases	...	...	...	...	...	—	1
21.	Ulcer of Stomach or Duodenum	...	...	...	...	...	—	—
22.	Diarrhoea, etc (under two years)	...	...	...	...	...	—	—
23.	Appendicitis and Typhlitis	...	...	...	...	...	—	—
24.	Cirrhosis of Liver	...	...	...	...	...	—	—
25.	Acute and Chronic Nephritis	...	...	...	...	...	—	—
26.	Puerperal Sepsis	...	...	...	...	...	—	—
27.	Other accidents and diseases of pregnancy and parturition	...	...	...	...	...	—	—
28.	Congenital Debility and Malformation, Premature Birth	...	...	...	...	...	2	—
29.	Suicide	...	...	...	...	...	—	—
30.	Other deaths from violence	...	...	...	...	...	—	—
31.	Other defined diseases	...	...	...	...	...	5	2
32.	Causes ill-defined or unknown	...	...	...	...	...	1	—
Special Causes (included above)—								
	Poliomyelitis	...	...	...	...	...	—	—
	Polioencephalitis	...	...	...	...	...	—	—
Death of Infants under one year —Total							1	—
	Illegitimate	...	...	...	...	...	—	—
Total Births							32	32
	Legitimate	...	...	...	...	...	32	31
	Illegitimate	...	...	...	...	...	—	1
POPULATION							4,432.	

TABLE IV

TORPOINT.

**NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
DURING THE YEAR 1925.**

Disease.	Total Cases notified.	Cases ad- mitted to Hospital.	Total Deaths.	England and Wales.	Torpoint.
				No. of cases notified per 1,000 pop.	No. of cases notified per 1,000 pop.
Small-pox 	—	—	—	0.14	—
Scarlet Fever 	8	—	—	2.36	1.80
Diphtheria 	10	—	—	1.23	2.25
Enteric Fever (including Paratyphoid) ...	—	—	—	0.07	—
Puerperal Fever ...	—	—	—	0.06	—
Pneumonia 	20	—	4	—	4.51
Other diseases generally notifiable—Erysipelas	7	—	—	0.39	1.57
Other diseases notifiable locally (Specify) ...	—	—	—	—	—

TABLE V.

TORFPOINT.

INCIDENCE OF PNEUMONIA (ALL FORMS), 1925.

Ages.	New Cases.		Deaths.	
	Male.	Female.	Male.	Female.
0—1	—	—	1	—
1—5	1	2	—	—
5—10	3	3	—	—
10—15	—	1	—	—
15—20	—	—	—	—
20—25	1	—	—	—
25—35	—	1	—	—
35—45	1	—	1	—
45—55	1	1	3	2
55—65	1	1	—	—
65 upwards ...	2	—	—	—
TOTALS... ..	10	9	5	2
TOTAL All Ages and Sexes.	19		7	

TABLE VI.

NURSES' VISITS AND WORK.

I am indebted to Mrs. Preedy, J.P., Hon. Secretary of the Torpoint and District Nursing Association, for the following returns (1925) for Torpoint Urban District.

Nurse TREVERTON.

Nursing Visits ...	...2720
Casual Visits ...	... 120
Health Visits ...	... 162
School cases followed up	42
Visits to Tuberculosis Patients ...	... 64
Ante-Natal Visits ...	... 1
Total ...	...3109

Nurse WALTERS.

Health Visits ...	...1300
General Nursing Visits	896
Nursing Visits ...	... 896
Midwifery cases ...	... 33
Ante-Natal Visits ...	... 35
Monthly cases ...	... 11
Total ...	...3171

TUBERCULOSIS VISITS.

Visits paid by the Tuberculosis Health Visitor Cornwall C.C.
(Miss HENDERSON), 1925.

Total Visits ...	... 34
Extra Nourishment Given ...	... 0
Cases of Pulmonary Tuberculosis on list ...	8
Cases of Non-Pulmonary Tuberculosis on list	2
Contacts ...	... 3
Deaths from Tuberculosis ...	... 2
Total cases on list ...	... 15

* Records are only maintained of the work of Nurses of their particular districts, which correspond with ecclesiastical rather than civil divisions. Hence the statistics for Torpoint are not official ones.

* These figures include a few for outlying districts as the nursing area includes Wilcove and Merifield, and is from March 31st, 1925, to March 31st, 1926.

TABLE VII.

TORPOINT.

CLINICS AND TREATMENT CENTRES.

	Name.	Situation,	Nature of Accommodation.	By whom provided.
Maternity and Child Welfare.			None in District.	
Day Nurseries.			None in District.	
School Clinic.			None in District.	
Tuberculosis Dispensaries.	Tucking-mill.	Camborne St Austell, Cornwall.	None in District.	Cornwall County Council.
Venereal Diseases.	S. Devon & E. Cornwall Hospital. Tucking-mill.	Plymouth. Camborne.	None in District. Beds available.	Cornwall County Council.

TABLE VIII.

LEGISLATION IN FORCE.

The following Bye-Laws, Acts, etc., are supplied to me by the courtesy of the Clerk to the Council, as in force.

	Adopted.	Confirmed.
Bye-Laws, Nuisances, Slaughter Houses, Streets and Buildings ...	Nov. 2nd, 1905	Feb. 6th, 1906.
Public Health Act, Amendment Act, 1907... ..	Feb. 23rd, 1909	Oct. 19th, 1909.
Part II. (Sections 34 and 38), Part III. (Sections 43 and 51), Part IV. (Sections 52, 66 and 68)		
Public Health Acts, Amendment Act, 1890. Part III.	Feb., 1905.	
Bye-Laws, Pleasure Grounds	—	1912
Infectious Disease Prevention Act, 1890... ..	—	1912
Bye-Laws, Pleasure Grounds	Nov. 3rd, 1921.	January, 1922.
Bye-Laws, Streets and Buildings ...	June 4th, 1925	July 2nd, 1925.
Public Health Act, Amendment Act, 1907. (Part VI.)	July 27th, 1922	Oct. 17th, 1922.
Public Health Act, 1925 (Parts II., III., IV.). (Sections 21,22) ...	1926	April 12th, 1926

TABLE IX.

TORPOINT.

PRIVATE SLAUGHTER HOUSES.

	In 1920.	In 1925. January.	In 1925. December.
Registered	5	5	5
Licensed	—	—	—
TOTAL	5	5	5

TABLE X.

SANITARY INSPECTION OF THE DISTRICT.

Visits to Premises	...	...	...	...	...	...	145
Tests applied to House Drains	...	...	...	...	...	...	25
Notices served to abate Nuisances	...	...	...	...	...	...	43
Notices complied with	...	...	...	...	...	...	43
Legal Notices served	...	...	...	...	...	...	—
Sanitary Improvements effected	...	...	...	...	...	...	53
Letters written	...	...	...	...	...	...	—

Visits to premises in connection with Infectious Diseases	...	...	...	...	...	...	48
Premises disinfected	...	...	...	...	...	...	18
Articles disinfected	...	...	...	...	...	...	—

FOOD INSPECTIONS.

Number of Provision Shops inspected	...	...	...	...	...	12
Number of Fish Carts and Shops inspected	...	...	...	...	...	—
Number of Fruit Carts and Shops inspected	...	...	...	...	...	—
Inspection of Dairies, Cowsheds and Milkshops	...	...	...	...	...	38

FACTORY AND WORKSHOP ACT.

Inspections of Bakehouses	...	...	...	...	...	8
„ Workshops	...	...	...	...	...	6
„ Factories	...	...	...	...	...	—
„ Outworkers' Premises	...	...	...	...	...	—
Notices and Letters sent <i>re</i> defects	...	...	...	...	...	—

Inspections of Slaughterhouses	16
--------------------------------	-----	-----	-----	-----	-----	----

GENERAL SANITARY WORK EFFECTED.

Number of Drains re-laid or repaired	...	...	...	...	...	3
Choked Drains cleared	...	...	...	...	...	7
Soil pipes and Ventilating Shafts fixed or repaired	...	...	...	...	...	3
Stoneware Gully Traps fixed	...	...	...	...	...	—
New Water-closet Pans fixed	...	...	...	...	...	9
Inspection Chambers constructed	...	...	...	...	...	—
Flush Cisterns fixed or repaired	...	...	...	...	...	30
New Closets and Urinals provided	...	...	...	...	...	7
Surface of Courtyards, etc., re-laid or repaired	...	...	...	...	...	5
Refuse Bins provided	...	...	...	...	...	22
Premises cleansed and limewashed or papered	...	...	...	...	...	—
Roofs and Flats repaired	...	...	...	...	...	9
Foul Closets cleansed	...	...	...	...	...	—
Overcrowding abated	...	...	...	...	...	—
Offensive Manure removed	...	...	...	...	...	—
New Ground Floors laid and Ventilated	...	...	...	...	...	2
Slate Tanks abolished	...	...	...	...	...	—
Eaves Gutters and Fall Pipes repaired	...	...	...	...	...	14
Wall Drains destroyed	...	...	...	...	...	—
Nuisances (caused by keeping of animals) abated	...	...	...	...	...	—
Other Sanitary Improvements	...	...	...	...	...	16
Total	...	...	...	...	...	121

CENSUS, 1921 (TORPOINT).

31

Number of persons in family. Number of rooms occupied by the family.												Density of Population.					
Number of private families occupying following number of rooms.												Population at following densities of occupation (rooms per person).					
Number of persons in families Col. a	1	2	3	4	5	6-7	8-9	10 & over.	Total private families.	Pop. in private families.	Rooms occupied.	Average No. of rooms per person.	Under 0.3 and 0.5 and 0.7 and 1.0				
	b	c	d	e	f	g	h	i					No. j	Per cent. k	l	m	n	o	p	q	r
1 ...	39	33	14	5	3	4	—	—	98	8.6	206	2.10	—	—	—	—	—
2 ...	22	62	71	48	14	13	4	—	234	20.6	733	1.57	—	—	—	44	—
3 ...	11	39	57	62	20	30	1	1	221	19.5	810	1.22	—	—	33	117	—
4 ...	4	34	57	61	21	32	3	1	213	18.8	827	0.97	16	—	—	136	228
5 ...	1	14	31	53	17	34	6	3	159	14.0	709	0.89	5	70	155	265	—
6 ...	—	4	20	32	12	19	1	—	88	7.8	382	0.72	—	24	312	72	—
7 ...	—	3	6	20	16	6	1	2	54	4.8	251	0.66	21	42	140	147	—
8 ...	—	2	6	22	5	7	—	2	43	3.8	190	0.55	16	48	216	56	—
9 ...	—	1	1	4	3	—	1	—	10	0.9	45	0.50	9	45	27	—	—
10 ...	—	—	1	3	1	2	—	—	7	0.6	32	0.46	—	40	30	—	—
11 ...	—	—	—	—	2	1	—	—	3	0.3	17	0.52	—	22	11	—	—
12 ...	—	—	—	1	—	—	—	—	1	0.1	4	0.33	—	12	—	—	—
13 ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14 ...	—	—	—	—	1	—	—	—	1	0.1	5	0.36	—	14	—	—	—
15 ...	—	—	—	—	—	—	—	—	1	0.1	10	0.67	—	—	15	—	—
Total Private faml.	77	192	264	311	115	148	17	9	—	—	—	—	—	—	—	—	—
Pop. in Private faml.	137	550	939	1382	557	661	75	59	—	4360	—	—	67	350	1283	768	—
Rooms occupied	77	384	792	1244	575	904	144	101	—	—	4221	0.97	—	—	—	—	—
												Per cent. families living in rooms as units of occupation in 1911 & 1921.					
												1921	1911				
												100.0	100.0				
												0.8	1.2				
												13.1	15.8				
												10.2	10.6				
												27.4	24.1				
												23.3	25.3				
												6.8	16.9				
												4.8	16.8				

Cornwall:

1921. 1911.

The average size of the private family (persons) ... 3.85 4.03

The average number of rooms per family in all units of occupation 5.36 —

In units of occupation of 1—9 rooms ... 4.96

The average number of rooms per person in all units 1.39 —

In 1—9 rooms ... 1.33 1.26

England and Wales.

1911.

... 4.36

... —

... 4.52

... —

... 1.05

TABLE XII.

TORPOINT.

HOUSING STATISTICS, 1925.

Number of new houses erected during the year	9
(a) Total, including numbers given separately under (b) ...	Nil
(b) With state assistance under the Housing Acts :	
(i.) By the Local Authority	
(ii.) By other bodies or persons	9

1.—UNFIT DWELLING-HOUSES.

Inspection—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	102
(2) Number of dwelling-houses which were inspected and recorded under the Housing Consolidated Regulations 1910, or the Housing Consolidated Regulations, 1925	59
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	Nil
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	65

2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	53
--	----

3.—ACTION UNDER STATUTORY POWERS.

(a) Proceedings under Section 3 of the Housing Act, 1925. ...	Nil
(b) Proceedings under Public Health Acts.	Nil
(c) Proceedings under Sections 11, 14 & 15 of the Housing Act, 1925	Nil

TABLE XIII.

(COPY).

Naval Medical School,
Royal Medical College,
Greenwich.

No. 178/25.

BACTERIOLOGICAL EXAMINATION OF WATER.

TORPOINT.

FromThe Naval Health Officer, Plymouth.

Despatched ...16/12/25. Received 18/12/25.

Sample " A "...Water *BEFORE* entering Torpoint Filter Beds.Sample " B "...Bottle broken in transit. (This contained sample *AFTER* leaving filter beds).

SAMPLE " A."

QUANTITATIVE EXAMINATION.

Organisms growing at room temperature480 per c.c.

Percentage of organisms liquefying gelatinenil.

Organisms growing at blood heat200.

QUALITATIVE EXAMINATION.

For excretal B.Coli Com. (Houston)Present in 50 c.c.

For Streptococcus.....Present in 20 c.c.

For B. Sporogenes

REMARKS :—

Sample " B ".....This bottle of water was broken in transit.

Date 30/12/25.

(Signed) T. CREASER,
Professor of Pathology.

TABLE XIV.

(COPY).

Naval Medical School,
 Royal Naval College,
 Greenwich, S.E.
 23rd December, 1925.

**REPORT FROM THE EXAMINATION OF A SAMPLE
 OF WATER.**

TORPOINT.

FromThe Naval Health Officer, Plymouth.

Source.....Torpoint Filter Beds—*BEFORE* passing through Filter.

Date taken 16-12-25. Received 18-12-25. Examined 21-12-25.

Colour...Fairly Good. Clearness.....Good. Odour.....Earthy.

Reaction.....Before heating ph. 7.6. After heating ph. 7.9.

Total Solids	15.8	} Appearance on ignition No change.
Suspended Solids.....	Considerable Quantity.	
Free and Saline Ammonia	0.0148.	}—Parts per 100,000.
Albuminoid Ammonia	0.0170	
Nitrous Nitrogen (Nitrites)	Minute trace.	
Nitric Nitrogen (Nitrates).....	0.280.	
Total Hardness	13.0	
Temporary Hardness	6.0	
Permanent Hardness	7.0	
Chlorine (Chlorides)	3.3	
Lead, Copper, Iron, Zinc	Absent.	

REMARKS :—The Chemical analysis of this sample indicates a water contaminated with animal matter of excretal origin and requiring treatment to render appearance it safe for drinking.

(Signed) T. B. SHAW,
 Professor of Hygiene.

TABLE XV.

(COPY).

Naval Medical School,
 Royal Naval College,
 Greenwich, S.E.
 23rd December, 1925.

**REPORT UPON THE EXAMINATION OF A SAMPLE
 OF WATER.**

TORPOINT.

FromThe Naval Health Officer, Plymouth.

Source.....Torpoint, Cornwall. *AFTER* passing through Filter—Taken
 from tap in residence near Filter Beds.

Date taken...16-12-25. Received...18-12-25. Examined...21-12-25.

Colour.....Very Good. Clearness.....Good. Odour...Slightly earth.

Reaction.....Before heating ph. 7.6. After heating ph. 7.8.

Total Solids	15.8	} Appearance on ignition No change.
Suspended Solids	Small quantity.	
Free and Saline Ammonia	0.0006.	}—Parts per 100,000.
Albuminoid Ammonia	0.0068.	
Nitrous Nitrogen (Nitrites) ...	absent.	
Nitric Nitrogen (Nitrates)	0.296.	
Total Hardness	13.0	
Temporary Hardness	6.0	
Permanent Hardness	7.0	
Chlorine (Chlorides)	3.4	
Lead, Copper, Iron, Zinc	Absent.	

REMARKS :—The Chemical analysis of this sample indicates a water of good quality for potable purposes.

(Signed) T. B. SHAW,

Professor of Hygiene.

TABLE XVI.

REPORT OF ANALYSIS OF WATER SUPPLY (OLD).

				1920.	
				<i>Parts per</i> 100,000.	<i>Grams. per</i> Gallon.
Total Solids (dried at 120° C.)	...	...	...	32.00	22.40
Combined Chlorine	...	...	...	5.40	3.78
Equivalent to Na. Cl.	...	...	...	8.91	6.24
Nitric Nitrogen	...	...	...	0.32	0.22
Nitrous Nitrogen	...	...	...	Nil	Nil
Ammoniacal Nitrogen	...	...	...	Nil	Nil
Albuminoid Nitrogen	...	...	...	0.0010	0.0007
(Oxygen absorbed in 4 hours at 27° C.	...	...	...	0.024	0.017
Lead or Copper	...	...	...	Nil	Nil
Temporary Hardness					
(Equivalent to Ca CO ₃	...	...	...	16.3	16.4
Permanent Hardness	...	...	...	1.8	1.3
Total Hardness	...	...	...	18.1	12.7

Judged by Chemical analysis it is satisfactory for drinking purposes.

TABLE XVII.

TORPOINT.**TUBERCULOSIS.****NEW CASES AND MORTALITY DURING 1925.**

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulm.		Pulmonary.		Non-Pulm.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1 	—	—	—	—	—	—	—	—
1— 5 	—	—	—	—	—	—	—	—
5—10 	—	—	—	—	—	—	—	—
10—15 	—	—	—	—	—	—	—	—
15—20 	—	1	—	—	—	—	—	—
20—25 	—	—	—	—	—	—	—	—
25—35 	—	—	1	—	—	—	—	—
35—45 	1	—	—	—	—	—	—	—
45—55 	1	—	—	—	1	—	—	—
55—65 	—	—	—	—	—	—	—	—
65 upwards ...	—	—	—	—	—	—	—	—
TOTAL 	2	1	1	—	1	—	—	—
TOTAL ...	4				1			

TABLE XVIII.

TORPOINT.

FACTORIES.

Devonshire, A. A., Antony Road	...	...	Motor, etc., Repairing.
Ives, E. (The People's Palace), Antony Road	...	...	Electricity.
Harris, H. T., The Garage, Antony Road	...	...	Motor Repairing.
Reynolds, W. J., Carbeal Mills	...	...	Boatbuilding.
Torpoint and District General Supply Limited, Carew Wharf, Union Road	...	...	Provender and Firewood.
Cornwall County Council, Ferry Yard	...	...	General Engineering.
Sleeman, A., Clarence Road	...	...	Joinery.
Granger, J. and Son, 47, Fore Street	...	...	Bread.
Veal, C. E., 18, Fore Street	...	...	Bread.
Torpoint Coal and Gas Co., Ltd., Perry Street,	...	...	Coal, Gas.
Torpoint Electric Supply Co., Ltd., Thanckes	...	...	Electricity.

WORKSHOPS.

Hambly, Wm., Antony Road	...	...	Blacksmith.
Paul, C. R., 5, Carew Terrace	...	...	Joinery.
Oatway, W. and Son, rear 28, Fore Street	...	...	Plumbing.
Harrison, Wm., 30, Harvey Street	...	...	Boots.
Oliver, Henry J. Union Road	...	...	Joinery.
Balkwill, J. L., Union Road	...	...	Blacksmith.

**INSPECTIONS OF AND DEFAULTS FOUND IN FACTORIES
AND WORKSHOPS.**

Inspections of Factories in 1925	...	...	...	39
„ Workshops in 1925	...	...	...	19

No nuisances under the Public Health Acts were reported by the Sanitary Inspector ; and no out-workers are known to him. No written notices were required, occupiers prosecuted, defects found or referred to H.M. Inspector.

Plymouth Printers Limited,
15-17, Woolster Street.

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